

2008 Fall Softball Registration Form

Entry fee must accompany this form. **Only one (1) form of payment (cash, check or credit card) will be accepted.**

You may register in person, by mail, or by phone with a credit/debit card (651-558-2255). Please make checks payable to: Municipal Athletics, 1500 Rice St., St. Paul, MN 55117

Amount Paid _____

Receipt # _____

Date Received _____

(Office use only)

Team Name _____ Managers Name _____

Address _____ City _____ Zip _____

Day Phone () _____ Eve Phone () _____ Cell Phone () _____

E-Mail _____

Division of play	Men's Slow	Men's Fast Pitch	Women's Slow	Co Rec Slow
Day of Play (please circle)	Monday R/A	Monday Dunning	Thursday R/A	Sunday R/A
	Monday R/A (double)	Thursday Dunning		Tuesday Dunning
	Tuesday R/A			Wednesday Dunning
	Tuesday R/A (double)			Friday R/A
	Wednesday R/A			
	Wednesday R/A (double)			
	Thursday R/A			
	Thursday R/A (double)			

Are you a returning **FALL** team from last year? Yes No

If yes - what field and night did you play **FALL** at last year? Night _____ Field _____

Comments _____

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative

AA-ADA-EEO Employer